

Central Coast Regional Water Quality Control Board
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401

December 5, 2006

Operation
First Last
Address
City, State Zip

AW#:
Pesticide Use Permit #:

2006 ANNUAL REPORT FOR TIER 2 GROWERS

"AG WAIVER" ORDER #R3-2004-0117, CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS
FOR DISCHARGES FROM IRRIGATED LANDS

Dear First Last:

In order to comply with the Conditional Waiver for Irrigated Agriculture, please fill out this Annual Report and the attached Farm Water Quality Management Practices Form and return it to our office by January 1, 2007 in the pre-addressed envelope provided.

This Annual Report requires you to:

- 1) State how many hours of Regional Board approved education has been completed (attach copies of certificates if these have not already been sent to the Central Coast Water Board).

Hours of Certified Education Completed	_____ Hours
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- 2) State whether a farm plan for your operation has been completed.

Has a Farm Plan Been Completed	<input type="checkbox"/> YES <input type="checkbox"/> NO
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- 3) Complete and submit the attached practice implementation checklist for your operation. As part of the Conditional Waiver for Irrigated Lands you must provide an annual practice implementation checklist that identifies currently implemented and planned management practices to improve and protect water quality.
- 4) Sign the certification below:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: _____ Title: _____

Signature: _____ Date: _____

(Responsible Party)

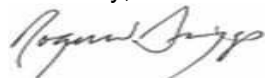
For additional information or if you have any questions regarding this letter please call or e-mail:

Peter Meertens at (805) 549-3869, pmeertens@waterboards.ca.gov

Elaine Sahl at (805) 542-4645, esahl@waterboards.ca.gov

Hector Hernandez at (805) 542-4641, para información en español

Sincerely,



Roger W. Briggs
Executive Officer